

Rebalancing Long Term Care in Tennessee

Recommendations from the Tennessee Association for Home Care

February 14, 2008

The Tennessee Association for Home Care (TAHC) represents over 300 home care companies across the State of Tennessee, including home health agencies (both medicare & private duty); hospice organizations; personal support service agencies; home medical equipment companies; and professional service agencies. Our mission is to 'bring healthcare back home'. We offer the following 'initial' comments for the State's consideration in Rebalancing Long Term Care in our State and request that the communication remains 'open' so we can offer additional input as a partner in the Governor's efforts to allow Tennesseans additional LTC options.

GOAL #1: Reorganize the LTC system to improve coordination of care, enhance the quality of services and help ensure the right care is provided in the right place at the right time.

1. The State should focus on a Care Coordination System

Currently, the Care Coordination of long term care is handled by multiple entities, including referral and intake personnel of providers: hospitals, nursing homes, home health agencies, personal support service agencies, assisted living facilities, hospice organizations, doctor's offices, etc.

The State of Tennessee also relies on case managers contracted with the TennCare Bureau including: Commission on Aging; Department of Human Services; Division of Mental Retardation; Area Offices on Aging and subcontracted case management companies.. In addition, there are multiple local and community referral/intake services such as Disability Group organizations; churches; and other non-profit entities with grants to assist Tennesseans with their long term care. Finally, the insurance industry focused on long term care is a remote player in the system.

While each of these Care Coordinators have the LTC candidate's best interest at heart, we believe a medical entity should be involved from the beginning of LTC decisions – regardless of whether that care is medical (TennCare services) or non-medical (Waiver Services). We also believe that the Care Coordinator should visit the home of the LTC Candidate before homecare options are ordered. There are many LTC Candidates that should NOT receive their care in the home for multiple reasons, including inappropriate caregivers; safety issues in the home environment; or safety issues of the LTC Candidate's condition – health and mental. This home and LTC Candidate assessment should be conducted by a nurse who is experienced in homecare services and is knowledgeable of the factors that make a good home care candidate. The Care Coordinator should plan follow-up phone calls or visits to assure that the services being provided are appropriate; orders are being followed and the LTC Candidate remains safe in the home environment. The Care Coordinator should act as the LTC Candidate's Coach on health issues identified by the physician.

These Care Coordinators should be employed by a licensed Home Health Agency, who provides oversight and supervision and is in the business of evaluating, coordinating and even providing medical services in the home setting. This is the only entity that is already knowledgeable and experienced in community based care and the various options available to LTC Candidates. Care Coordinators know when to transition LTC Candidates between non-

medical and medical services or even when to refer to other LTC options, such as nursing homes or assisted living facilities.

Care Coordinators should be looking at the LTC Candidate's 'full picture' of care – whether it is skilled or supportive. They should also be responsible for evaluating the quality of services and acting as the State's eyes and ears in the 'big picture' of the LTC Candidate's health. Acting as a healthcare Coach for LTC Candidates, the Care Coordinator CAN and SHOULD reduce the State's expenditures for both long and short term care services.

Listed below are a few of the comments we've received concerning the existing Waiver System of Care Coordination:

- For the existing Waiver program, the current system of multiple independent third party case managers overlapping with nine separate state-wide AAA offices administering service delivery to recipients can produce confusion and communication issues. Each case management company and AAA office has their own different processes and procedures. Statewide uniformity is needed. Many case managers do not appreciate the amount of time it takes to provide necessary services, ordering numerous tasks without authorizing sufficient time. Case manager responsiveness can also be a problem.
- Coordination of service with individuals receiving care and or family members and their case managers can be challenging. Some service recipient expectations can be unrealistic and confounding to providers. Our HCBS experience has been that many of the service recipient's families have difficulties living up to the commitments they have made as primary caregivers and see the provider of supplemental services in a primary role. They have trouble understanding that the supplemental services are not intended for the entire family and attempt to get workers to do tasks that are not authorized.
- Service recipients can live in safe environments and yet do not have cleaning supplies to enable the service provider to perform basic homemaking services.
- Numerous missed visits are the result of the service recipient's family being unwilling to work with providers - i.e. not accepting qualified replacement workers and limiting desired care time to narrowly focused times of day. Many service recipients and their families will "provider hop" i.e. request to change providers based on the slightest issue without giving the provider and case manager an opportunity to resolve problems.
- Many waiver providers are faced with deteriorating service recipient acuity levels without effective means to secure necessary skilled services or adaptive equipment in the short term.
- Often a LTC patient receiving private duty nursing services is also ordered waiver services, creating a duplication of services and a confusing situation for providers, clients and their families to sort through.

GOAL #2: Refocus LTC services with more attention to the wishes and needs of individuals and families, including self-directed options where individuals receiving care and/or their family members can select (using the services of a 'fiscal intermediary') certain family members, friends or neighbors to be paid to provide needed care.

Tennessee has little experience with the new models of self-directed or consumer-directed care. We are only aware of one such program in the DMRS, which is still in its infancy. We should evaluate other States' experience with these programs and assure that our Care Coordinator model is incorporated to protect the State, the LTC Candidate, the family members and even the workers that may be employed by family members. There is concern for oversight – both for the LTC Candidate, their family and the State in these models and great thought to follow-up should be a priority.

CMS has recently published draft regulations on self-directed care. Our National Association for Home Care (NAHC) developed comments on these rules, which we've attached as a separate document. We believe the comments appropriate regardless of whether the self-directed program is a Medicaid (TennCare) benefit or a Waiver benefit.

GOAL #3: Rebalance LTC funding to expand access to cost-effective home and community-based care, while ensuring that more intensive types of LTC services are readily available to those with the greatest levels of need, and that reimbursement for LTC services across all settings is based on the needs of the persons served.

We believe the 'rebalancing' of long term care in our State will be a gradual process – you won't see overnight exodus from nursing homes or immediate large increases in waiver enrollees. However, we do believe that the homecare industry must be both willing and ready to participate in this system as the 'experts' on home-based care. We believe that encouraging providers to participate in the program is a priority and applaud the TennCare Bureau's recent actions to improve certain operational issues, such as the provider waiver application process. In addition, we believe the following would add to the incentives:

1. **Set automatic increases in provider payments.** Salaries make up the majority of expenses for home-based care & salaries do not go down. Travel expenses have increased significantly due to gasoline pricing. Bottom-line, there should be a system in place that 'automatically' adjusts payments to providers each year to recognize increases in expenses. This is just good business sense and allows the providers to budget accordingly.
2. **Improve the State's payment systems:** Waiver providers report significant backlogs in payment history. How many businesses can provide services that are primarily salary-focused without expecting timely payments from the payer? Not many. You cannot 'take back' health care services already provided so receiving timely and appropriate payments is a necessity in having a constant provider network. A more waiver provider friendly system for dealing with bill/pay problems rather than trying to go through the AAAs would be welcome. Also requiring providers to separately track and bill for personal care and homemaking services provided to the same service recipient is costly and problematic.
3. **Reorganize the state's current system for LTC.** This may be a large project to undertake, but the State has room to decrease expenses by simply:

- a. Centralizing the efforts of oversight, surveys, payment systems, administration and even state regulations. There are many Departments/Divisions that duplicate efforts in the LTC system today. Simply decreasing the number of policy notebooks that a homecare company must maintain will decrease the expenses of caring for individuals at home. Centralizing the State's focus on LTC would also result in an over-all decrease in expense and should result in a seamless system of LTC options for Tennesseans.
 - b. This centralized state system could also increase the 'consumer awareness' of waiver options for Tennesseans by preparing press releases or web-based information – these written documents could be shared by email with multiple stakeholders to place on their websites to further expand the 'awareness'.
4. **Evaluate the quality and big picture of spending.** With the Care Coordination system described earlier, we believe that an opportunity to truly evaluate 'quality' will be in place. Further, this system will result in fewer re-hospitalizations which will save the 'short term or acute care' budget significant dollars. Each provider should utilize customer satisfaction surveys and disclose the results to the state. Non-medical Providers should also be required to utilize some form of telephony system to monitor service delivery.
5. **Consider alternate forms of medication assistance:** To decrease medication errors and perhaps the need for Nurses to administer meds, require that medications be 'sealed & dispensed' by the pharmacist. Commonly referred to as 'bubble-packing', medications are given to the family or LTC Candidate by dose in a sealed package. Other types of packaging are offered through www.DailyMedRx.com. There may be other internet providers of pharmaceuticals, but this is one example of the type of services available for home med assistance.

The Tennessee Association for Home Care and its membership stand ready to assist the State in realizing a strong, quality oriented and cost effective Long Term Care System. We welcome and request an opportunity to continue a dialogue to establish the 'details' of this system.

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